

# SOUTH-DOYLE HIGH SCHOOL TRANSCRIPT REQUEST



FULL LEGAL NAME \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

YOUR CURRENT AGE: \_\_\_\_\_

CLASS OF: 20\_\_\_\_\_

College 1: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College 2: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College 3: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request that the SDHS Office of the College and Career Coordinator mail, to the institution(s) named above, my official transcript and/or test scores. ***Please allow 3 business days from date of submission to process your request.***

Student Signature: \_\_\_\_\_



Office Use Only

Transcript Requested on:

Transcript mailed on:

Mailed by:

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